CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0474	JT&8	Arlee Elem		24	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been soft costs have been soften been dependent.	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 37		
Printed Name of A	uthorized Official		City	Z	ip Code
			Arlee	5	9821
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

F	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0475	JT&8	Arlee H S		24	HS
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are post between the expenses oplicable requirements. In the distribution will be distributed with the distribution will	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 37 City	Z	Zip Code
			Arlee	5	9821
Title			Date		
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0477	23	Polson Elem		24	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adju	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box		
Chairperson			111 4th Avenue E	East		
Printed Name of A	uthorized Official		City	Z	ip Code	
			Polson	5	9860	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
		ļ	Signature			

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due Ma	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level		
0478	23	Polson H S	24	HS		
Proposed Restr	icted Indirect Cost Rat	e% (Round to nea	arest hundredth (X.	XX%) of a percent.)		
application should		vith one copy of each application to ementary and high school district.				
This is to certify the knowledge and be		ndirect cost rate proposal submitte	ed herewith and t	o the best of my		
allowable in accor A-87, "Cost Princi	dance with the requirem ples for State and Local	stablish the final indirect cost rate nents of the Federal award(s) to w Governments." Unallowable cos ermined Indirect Cost Allocation - S	hich they apply a ts have been adji	nd OMB Circular		
casual relationship accordance with a have not been cla	between the expenses applicable requirements. imed as direct costs. In	properly allocable to Federal awards incurred and the agreements to value Further, the same costs that have addition, similar types of costs have	which they are all e been treated a	ocated in s indirect costs		
predetermined rat	e.	notified of any accounting change				
I declare that the to Signature of Dist		rect.		ct the		
predetermined rat	e. foregoing is true and cor	rect. Board Street Add	ress or P.O. Box	ct the		
I declare that the to Signature of Dist Chairperson	e. foregoing is true and cor	rect.	es that would affe ress or P.O. Box enue East	ct the		
I declare that the to Signature of Dist Chairperson	e. foregoing is true and cor trict Superintendent or	rect. Board Street Add	ress or P.O. Box	ct the		
I declare that the to Signature of Dist Chairperson	e. foregoing is true and cor trict Superintendent or	rect. Board Street Add 111 4th Ave City	ress or P.O. Box	Zip Code		
I declare that the too Signature of Dist Chairperson Printed Name of Title	e. foregoing is true and cor trict Superintendent or	Board Street Addition 111 4th Ave City Polson Date and Budgeting truction	ress or P.O. Box	Zip Code		
I declare that the too Signature of Distriction Chairperson Printed Name of Title Send co	e. foregoing is true and corrict Superintendent or Authorized Official ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street Addition 111 4th Ave City Polson Date and Budgeting truction	ress or P.O. Box	Zip Code 59860		
I declare that the too Signature of Distriction Chairperson Printed Name of Title Send co	e. foregoing is true and corrict Superintendent or Authorized Official ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Trect. Board Street Addid 111 4th Ave City Polson Date and Budgeting truction -2501 PR THE SUPERINTENDENT OF Date Approx	ress or P.O. Boxenue East	Zip Code 59860		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0481	28	St Ignatius K-12 Sc	chools	24	K12
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vole submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the interior	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een accounto	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 1540 City	Z	Zip Code
			St Ignatius	5	98651540
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0483	35	Valley View Elem		24	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify tha knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and t	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward to ward the ward to ward the ward to ward to ward to ward to ward to ward the ward to ward to ward the ward to ward the ward to ward to ward to ward to ward to ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward to ward the ward to ward the ward to wa	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		7000 Valley View City		Zip Code
			Polson	5	59860
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
		•	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name	County	Level		
0486	73	Swan Lake-Salmon Elem	24	EL		
Proposed Restric	ted Indirect Cost Rate	e % (Round	I to nearest hundredth (X.XX%) of a percent.)		
	e submitted for the ele	rith one copy of each applicementary and high school d		-		
This is to certify that knowledge and believed.		ndirect cost rate proposal s	ubmitted herewith and	I to the best of my		
allowable in accorda A-87, "Cost Principle	ance with the requirem es for State and Local	tablish the final indirect cosents of the Federal award(s Governments." Unallowab rmined Indirect Cost Alloca	s) to which they apply le costs have been a	and OMB Circular		
casual relationship I accordance with aphave not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	roperly allocable to Federa incurred and the agreemer Further, the same costs the addition, similar types of conotified of any accounting or rect.	nts to which they are a at have been treated osts have been accou	allocated in as indirect costs nted for consistently		
Signature of Distri Chairperson	ct Superintendent or		t Address or P.O. Bo	ΣX		
Printed Name of A	uthorized Official	Box 5	086	Zip Code		
		Swan	Lake	59911		
Title		Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTENDEN	T OF PUBLIC INSTR	UCTION BY:		
Ар	proved Rate for FY20		Approved			
		Signa	tura			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
1199	30	Ronan Elem		24	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which tallowable costs have	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Drawer R City	Z	Zip Code
			Ronan	5	9864
Title			Date	•	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20)04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
1200	30	Ronan H S		24	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				-
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adjus	d OMB Circular
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same continuous addition, similar type notified of any accounts.	eements to which osts that have been so of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			Drawer R		
Printed Name of A	uthorized Official		City	Z	ip Code
			Ronan	59	9864
Title			Date	1	
Send com	npleted form to: School Accounting of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
		ļ	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
1205	7J	Charlo Elem		24	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
Signature of Distri	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 10			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Charlo	59	824	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	TION BY:	
Арі	proved Rate for FY20	04	Date Approved			
		İ	Signature			

CERTIFICATION FOR INDIRECT COST RATE

OPI	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
1206	7J	Charlo H S		24	HS	
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit we be submitted for the electroval of your rate.					
This is to certify th knowledge and be	at I have reviewed the in lief:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my	
allowable in accorda-87, "Cost Princip	led in this proposal to es dance with the requirem oles for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a /e been adju	nd OMB Circular	
casual relationship accordance with a have not been clai and the Office of F predetermined rate	led in the proposal are posterior between the expenses pplicable requirements. In Public Instruction will be e.	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently	
Signature of Dist	rict Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 10			
Printed Name of	Authorized Official		City	2	Zip Code	
			Charlo	į	59824	
Title			Date			
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTE	D AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
А	pproved Rate for FY20	004	Date Approved			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
1211	33	Upper West Shore	Elem	24	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vole submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	ward(s) to which the ward is to ward it was to ward in the ward is to ward in the ward is to ward in the ward is to ward it was to ward in the ward in the ward is to ward in the ward is to ward in the ward is to ward in the ward in	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are potential between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 195 City	Z	Zip Code
			Dayton	5	59914
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins: PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		